Pharmacy Practices Committee (02)
Minutes of the Meeting held on
Tuesday, 12 April 2016 at 1300 hours
Vale Centre for Health & Care
Main Street, Alexandria, Dunbartonshire, G83 0UE

PRESENT:
Mr Ian Fraser Chair
Mrs Catherine Anderton Lay Member
Mr Stewart Daniels Lay Member
Mr Colin Fergusson Contractor Pharmacist Member
Dr James Johnson Non-Contractor Pharmacist Member
Mr Alasdair MacIntyre Contractor Pharmacist Member
Mr Michael Roberts Lay Member

IN ATTENDANCE:
Mr Michael Stewart Legal Advisor, NSS Central Legal Office
Ms Gillian Gordon Secretariat, NSS SHSC
Mrs Susan Brimelow Board Member, GGC, Observer
Ms Janine Glen Contracts Manager, GGC
Ms Fiona Riddell NHS Highland, Observer

Prior to the consideration of business, the Chair asked members to indicate any interest or association with any person with a personal interest in the application to be discussed.

No member declared an interest in the application being considered.

The Applicant and Interested Parties were invited into the meeting.

The Applicant, Ms Alia Sohail was accompanied by Dr Zofia Joss. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Kenneth Irvine representing Bonhill Pharmacy, Mr Parvez Aslam Aslam representing Marchbanks Pharmacy, Mr Rodney Haugh, accompanied by Ms Jane Kelly, representing Gordon’s Pharmacy, Ms Emma Griffiths-Mbarek, accompanied by Mr Alan Harrison, representing Well Pharmacy and Ms Theresa Hollywood, the community representative nominated by Balloch and Haldane Community Council. The Chair reported that Mr Charles Tait representing Boots UK Ltd was unable to attend but had submitted a written statement which would be read out following the Interested Parties’ submissions.

APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST
Case No: PPC/INCL02/2016
Sohail Healthcare (Scotland) Ltd, 8 Hillview Place, Main Street, Alexandria, G83 0QD.
The Chair welcomed all to the meeting, covered Health and Safety arrangements and introductions were made.

The Applicant and Interested Parties were informed that no Committee member had declared an interest in the application being considered.

The Committee was asked to consider an application submitted by Sohail Healthcare Ltd to provide general pharmaceutical services from premises situated at 8 Hillview Place, Main Street, Alexandria, G83 0QD under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.

The Chair advised that the National Appeal Panel had issued a Practice Note stating that in the event of the PPC needing to take advice from CLO, this was required to be given in open session. This meant that the Applicant and Interested Parties would be invited to remain behind during the Committee’s private deliberations and would be called if legal advice was required.

The Chair stated that only one person would be allowed to speak on behalf of the Applicant and each Interested Party and reminded all present to speak through the Chair.

The Chair reported that the Committee, the Applicant and Interested Parties had previously been circulated with all the papers regarding the application from Sohail Healthcare (Scotland) Ltd and asked for confirmation that this had been received. All did so. The Applicant and Interested Parties were advised that the PPC had collectively visited the proposed premises, the vicinity surrounding those premises, the existing pharmacies, GP surgeries, facilities in the immediate and surrounding areas.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC was whether “the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List.”

The procedure adopted by the Pharmacy Practices Committee (“the PPC”) at the hearing was outlined by the Chair. The Applicant was to present first followed by an opportunity for the Interested Parties and PPC members to ask questions of the Applicant in turn. Submissions from each Interested Party would then be invited. After each case there followed the opportunity for the Applicant, other Interested Parties and the PPC to ask questions. The Interested Parties and the Applicant would then be given the opportunity to sum up in reverse order so that
summing up from the Applicant occurred last.

The Chair invited Ms Sohail to speak first in support of the application.

**The Applicant’s Case**

Ms Sohail thanked the Chair for the opportunity to speak and prove why a new pharmacy was necessary because the population was increasing, the existing services were inadequate and the Consultation Analysis Report (CAR) done jointly with GG&C showed that there was a need for another pharmacy.

Regarding the population she pointed out that she had confined her analysis of this to the neighbourhood described in her application. The population in 2011 was 13054 and would have increased since as there had been new developments. In addition there were a number of new housing developments underway currently which were set out in her application and located within her defined neighbourhood. It was a large neighbourhood with 4 primary schools and Vale of Leven High School contained within it.

The area also had high levels of deprivation. The three existing Alexandria pharmacies (Gordon’s and two Boots) were all very close together and further away from the areas of highest deprivation than her proposed pharmacy.

In addition there was a swimming pool, leisure centre and a number of tourist attractions and shopping galleries with the Loch Lomond shores and hotels a short distance. All of these brought people into the area.

She stated that there was a lot of pressure on the existing pharmacies. Figures she had obtained under a Freedom of Information (FOI) request showed that 128,000 prescriptions were dispensed by Gordon’s and one of the Boots with a further 112,000 being dispensed by the other Boots within a year. This showed a high volume of dispensing which would only increase with the additional housing and proposed new tourist developments.

She went on to state that, with a population increase to 13,000+ and the fact that the majority of the GP surgeries had moved to the new Centre, leaving only one in Bank Street, most of the respondents to the survey had noticed a big difference since the relocation which had resulted in long waiting times and queues to get their prescriptions. Also the pharmacies were no longer located near the GP surgeries.

She referred to the failed application by Apple in 2008 and stressed that the increase in population forecast there had happened, with further increase on the way because of the new build so there was now a need for an additional pharmacy to give support and improve the quality of care of the local population.

She stated that the proposed pharmacy would be all about improving care, indicating that the current pharmacies did not have time to speak to patients. She had carried out her own market
research before submitting the application. This had included speaking to the GP practice manager who agreed that a new pharmacy was needed and that they would like to work closely with the pharmacists and build relationships with them. She said that there had been a 54% increase in the number of patients registered which, combined with tourists, elderly living longer and patients living on the periphery (Cardross, Inchmurran Island, and the outlying houses on the hills off the A82) all coming into the area, all pointed to the need for another pharmacy.

She then turned to the adequacy of the service and referred to the information contained within the CAR. She was aware beforehand that there was some inadequacy but was surprised by what came back from the consultation. Ms Sohail then stated that her family had been in the community for 30 years running the newspaper shop and heard what people said about the pharmaceutical services which had been corroborated in the CAR. The responses had indicated inadequacies with the Minor Ailments Service, Chronic Medication Service, Public Health, dispensing and waiting times. In addition, although the other pharmacies offered a delivery service, there were often mistakes and the public had indicated that it was too far to walk to have these mistakes corrected.

The proposed new pharmacy, while only 10 minutes away from the town centre pharmacies, would provide a much needed service which was much nearer to the people of Levendale, Tullichewan and Rosshed which were deprived areas with high levels of substance abuse and a need for methadone dispensing. The CAR had said that these were inadequate so there was a need for another pharmacy to support these people. She said that the new pharmacy would be open on a Sunday for 4 hours. The current pharmacies opened on a rota basis for one hour only so it was difficult for patients to know which was open and limited their access to services. This would also be good for tourists as they would also know which pharmacy was open and when.

Additionally the proposed pharmacy was directly opposite the Vale of Leven Centre and would be open from 0830-1900 hours which would give the opportunity to dispense a prescription immediately after the GP’s last consultation at 1830 hours. The pharmacy would also be open from 0900 – 1800 hours on a Saturday, again increasing access.

Turning to the future, Ms Sohail said that there had been talk about the Vale of Leven Hospital closing which would mean that the Minor Injuries Unit would be located outwith Alexandria at one of the other hospitals. If this were the case the new pharmacy would provide a minor ailments and referral service to patients rather than them having to rely on NHS24. The minor ailments service would also take some of the burden off GPs and give them more time with patients.

She concluded that the new pharmacy would be for the future as the people wanted its services and the CAR showed that the core services were inadequate. Her business would be sustainable – her business plan had been conservative and based on 55,000 items a year - and would not take business away from the others. In fact she wanted to work with them to improve the quality of care for the population by giving them the opportunity to speak to a pharmacist and discuss their medicines.
Ms Sohail offered a shortened version of her business plan which the Chair declined to accept as it had not formed part of the original submissions and was a confidential document.

This concluded Ms Sohail’s submission and the Chair invited the Interested Parties to put their questions.

The Interested Parties Questioned the Applicant

Mr Haugh asked Ms Sohail to explain the disparity in her population figures which ranged from 10,985 (CAR) to 13,000 plus in her application. Ms Sohail replied that the 10,985 figure was out of date and did not relate specifically to the neighbourhood. The other figure took into account her neighbourhood and the increase in population since the census.

He also asked about the increase in GP registrations and Ms Sohail replied that she had obtained this from an FOI request and she could send him the link.

Mr Haugh had no further questions.

Mr Irvine referred to the neighbourhood and asked what criteria she had used in arriving at her definition. Ms Sohail stated that she had looked at it from the main trunk roads, natural boundaries, where people travelled to and from and asked customers what they believed to be the neighbourhood then took a logical approach to define the boundaries. Mr Irvine pointed out that there were no natural boundaries in the defined neighbourhood and asked if Ms Sohail agreed that people could move easily around it. Ms Sohail replied that the main trunk roads and the River Leven were natural boundaries but they also reflected what people felt were their communities; for example the areas around schools and leisure facilities.

Mr Irvine asked why people could not access the 3 pharmacies already in the neighbourhood. Ms Sohail replied that as this was a deprived area, people could not always afford to take a bus to get their prescriptions and it would take half an hour to walk there, plus 15-20 minutes wait for the items and then another half an hour to walk back home. This was unacceptable.

Mr Irvine asked if someone lived in Cardross Road, in the south of the area, how many pharmacies were closer to them than the proposed new pharmacy. Ms Sohail replied that there were probably 3 or 4. He then asked which pharmacy was closest to Smith Crescent in the north east of the area. Ms Sohail replied that it would be Well Pharmacy. However that pharmacy also served Balloch and was the only pharmacy in that area. Another pharmacy would ease the burden, provide adequate access and shorten waiting times even if it was further away.

Mr Irvine then referred to the eastern boundary and asked why the River Leven was not used as a boundary. Ms Sohail replied that 97% of the survey respondents had agreed with this definition and she had chosen the A813 as the River was easily crossed. He then asked how someone living in The Lade would reach the new pharmacy. Ms Sohail replied that they could
walk, cycle or use bus or car.

Turning to adequacy of provision, Mr Irvine asked if there had been any complaints to the Health Board about this. Ms Sohail replied that, to her knowledge, there had been no formal complaints but there were many comments in the CAR. Mr Irvine then asked how many people said so and Ms Sohail said from the 59 responses, 42 said the dispensing service was inadequate. Mr Irvine remarked that with a GP list size of 25,000; 59 responses seemed small.

Mr Irvine asked if the Health Board had a model hours agreement and if so what was it. Ms Sohail replied that it did and she thought the hours were 0900 to 1700 hours but people were saying that these were not long enough.

Mr Irvine noted that in her application she had stated a need for a bilingual pharmacist and asked if the Health Board had an interpreting service. Ms Sohail said that it did but that it cost money. When asked if it was the Health Board policy that pharmacies used the service, Ms Sohail indicated that she was not sure. She was then asked how many people in the neighbourhood did not speak English. Ms Sohail replied that this was hard to define as the statistics related to West Dunbartonshire as a whole and she did not have figures for non-English speakers within her neighbourhood. However, from living in the community, she said there were quite a lot of Indian, Pakistani and Polish people there. Those working in her proposed pharmacy covered all of those languages.

Turning to the population, Mr Irvine asked if the figure of 13,054 was correct. Ms Sohail said that she did not know exactly as the figures were out of date, but it was a best estimate and excluded Balloch. Regarding the GP list size, Mr Irvine noted that Ms Sohail had said that this had increased from 16,000 in 2010 to 25,000 now and asked where the extra 9,000 patients came from. Ms Sohail replied that they could come from anywhere, including migration into the area, people working in the area, the elderly living longer and new babies.

Mr Irvine had no more questions.

Mr Aslam asked if all the pharmacies provided a collection and delivery service to which Ms Sohail replied that she knew that Gordon’s and one of the Boots did and the other did a pick up service only. She stated that her pharmacy would provide a collection and delivery service. Mr Aslam pointed out that the Marchbanks pharmacy had a full time delivery driver and provided a full service right across the area.

Referring to the people coming into and through the area, Mr Aslam asked if they would go straight through Alexandria rather than along Main Street. Ms Sohail replied that it would depend on where they were coming from and going to.

Mr Aslam had no further questions.

Ms Griffiths-Mbarek asked if there were limited places for the methadone service in the existing pharmacies. Ms Sohail replied that they were at capacity and had been so for 8 years. When
asked, Ms Sohail said that she was not aware that the Health Board were trying to reduce the number of methadone patients.

When asked, Ms Sohail said that she was aware that the Sunday service was not part of the core hours agreement but she would do those anyway. Ms Griffiths-Mbarek asked if Ms Sohail was aware that the Sunday rota was based on the needs of the population and the volume of prescriptions/requests for services being processed on a Sunday. Ms Sohail said that her FOI request had covered the services for the year but had no statistics for Sundays specifically.

Ms Griffiths-Mbarek asked if Ms Sohail was aware of the waiting times in Balloch and when she had asked during her research, they were about 10 minutes in Balloch and 15-20 minutes in Alexandria. Ms Griffiths-Mbarek pointed out that the waiting time in Balloch was 6 minutes.

The Interested Parties had no further questions.

The PPC Questioned the Applicant

Dr Johnson referred to the CAR and asked if Ms Sohail felt the response was adequate. He particularly noted 57 responses about the Stoma Service and 59 about dispensing where the majority were saying they were unhappy. He asked Ms Sohail how she knew that these were expert patients who knew enough about the service to be able to comment on its adequacy or otherwise.

Ms Sohail replied that the survey had been carried out jointly with the Health Board and was carried out on line. This had been administered by the Health Board and she did not know who answered nor if they were experts. However they were members of the community and it was to them that pharmacists provided their services.

Dr Johnson pointed out that the Health Centre was very close to the proposed pharmacy and asked why one was not incorporated into the centre when it was built if the need was so great. Ms Sohail said that she had raised this point with the practice manager when she met him and had been informed that they had asked for one but it was not granted. She thought it may have been because the hospital was on the same site but did not understand why not as there was a need for a community pharmacy.

Dr Johnson had no further questions.

Mr MacIntyre noted that the population was based on the small area estimate and asked if there were any other sources to show an increase. Ms Sohail said that this was from the CAR report. She had taken hers from the 2011 census but reduced this to take out Balloch as she wanted the population to reflect the neighbourhood she proposed. She also knew that there had been an increase because the previous application had quoted a smaller number. Also new houses had been built and people were living longer. Mr MacIntyre asked if she had also taken account of buildings which had been knocked down as the people had to go somewhere. Ms Sohail said that not many houses had been knocked down and there had been migration into the area along with new care homes. She referred to her application where it could be seen that the number of
registered patients had increased so that was further proof of an increase in population.

Mr MacIntyre noted that Ms Sohail claimed a 54% increase in patients since 2010. He referred to the 2011 totals which gave 26,070 patients compared to 17,000. He invited her to look at the number of GP practices which were 3 in 2010 and 4 in 2011 and asked if there were in fact 5 prior to 2011 and that two had amalgamated so those figures were missing. Ms Sohail replied that her submission showed the situation in 2011. Mr MacIntyre asked if it were the case that the increase in GP lists was due to the numbers from the amalgamated practices being missing which would account for much of the increase claimed. Ms Sohail reiterated that her figures were based on the main GP practices as they existed in 2011 and did not know why the dissolved practices were not listed. In any event there was still an increase in patients registered. Mr MacIntyre indicated that he thought the numbers showed a decrease which was why he had asked for further clarification on the population figures.

Mr MacIntyre referred to Ms Sohail’s statement that the core services were inadequate and asked why she had come to that conclusion. Ms Sohail replied that she had based this on the responses received to the survey in the CAR which included:

- inability to get a prescription filled after 5pm when the last GP appointment was at 6.30 pm;
- one pharmacy only was open for an hour on a Sunday. People still needed to access services on a Sunday and preferred face to face contact rather than an Out of Hours call to a doctor or NHS24. Sunday opening would give access to earlier treatment with the ability to prescribe under the minor ailments service or to arrange a referral to hospital.
- Long waiting times
- Too far to walk
- The pharmacies were no longer in the centre of the community but grouped together in an area where they were not needed

Mr MacIntyre said that the Committee had to ensure the security of pharmaceutical services and asked if Ms Sohail had considered the viability of a new pharmacy. Ms Sohail replied that she had been prudent in her estimates and in her plan there would be a pharmacist and a trained technician and was certain it was viable.

Mr MacIntyre had no further questions.

Mrs Anderton asked about the number on the methadone programme locally and the trend in the use of methadone. Ms Sohail replied that it was really difficult to obtain figures so she had to go by what methadone patients said, which was: that it was difficult to get a face to face consultation; that the pharmacies closed at lunchtime; the pharmacies were closed on Sundays; one pharmacy had no consultation room. She intended to have two rooms and a private entrance for methadone patients so that they could come in when they wanted; Boots used a screen but patients could be seen by other customers which took away their dignity.
Mrs Anderton enquired whether methadone patients had to make appointments. Ms Sohail said that this was not the case. When she had been in the pharmacies she had seen them come in and also heard them being told to come back later if the pharmacy was busy.

Mrs Anderton restated her question about the trend in methadone use and Ms Sohail said that she had no official statistics but would say that demand had increased since the last application in 2008 when the spaces were limited.

Mrs Anderton referred to Ms Sohail’s FOI request and asked where the information obtained had come from. Ms Sohail said it had come from the Scottish Government bodies and NHS statistics.

Mrs Anderton asked about the availability of parking round the proposed premises. Ms Sohail said that this was not a problem as there was good parking at the back, to the side and on-street with disabled bays available. There was also car parking associated with the swimming pool which could also be used.

Mrs Anderton had no further questions.

Mr Fergusson referred to Ms Sohail’s comment about mistakes and asked what these were and whether pharmacist’s really sent patients back to the GP. Ms Sohail replied that there could be a wrong item or the item was not listed and she herself had been sent back to her GP. She had no information on complaints about any pharmacist dispensing wrong items.

Mr Fergusson had no further questions.

Mr Roberts referred to the new care homes mentioned and asked where these were. Ms Sohail replied that there was one in the proposed neighbourhood and another on the periphery.

Mr Roberts asked if she had any experience of methadone patients being stigmatised. Ms Sohail said that she had seen it happen in her local Boots and had seen someone steal there.

Mr Roberts then asked if she thought that 60 (0.5%) respondents to the CAR was acceptable or statistically significant. Ms Sohail said that this was just what the response was. In past experience, paper copies (with well over 100 responses) had been issued but this survey had been done on line. It could be that people did not have time or that they were not particularly computer literate, particularly the elderly.

Mr Roberts referred to the linguist skills her staff would offer and asked how she accounted for the fact that no requests had been received for hard copies in a foreign language. Ms Sohail could not comment.

Mr Roberts said that Ms Sohail had indicated that it could take 1.5 hours to pick up a prescription currently and asked where such a patient would be coming from. Ms Sohail said that this would be from the north of her neighbourhood.
Mr Roberts had no further questions.

Mr Daniels asked Ms Sohail to expand on the number of languages she could offer. Ms Sohail said these were Punjabi, Urdu and Polish. There was also a pharmacist who spoke Mandarin. He asked if Ms Sohail was aware that translators had to be registered with the Health Board as medical translation was very specialised. Ms Sohail said that this may be the case but it was more about the ability to communicate with individual patients.

Mr Daniels then referred to parking and asked if she had an agreement with the leisure centre to use their parking spaces. Ms Sohail said that if the application was successful she would approach the Council. She noted that people who used the shop just now used this car park.

Mr Daniels asked Ms Sohail to confirm that there would be a collection and delivery service which she did.

Mr Daniels had no further questions.

The Chair asked about the statistics on the number of prescriptions and asked if Ms Sohail had any notion of the total prescriptions given out by all pharmacies in the area. Ms Sohail said that she had taken the figures from the FOI request and this was just about items dispensed.

The questioning of the Applicant concluded.

The Interested Parties’ Cases

Mr Haugh was invited to present the case on behalf of Gordon’s Pharmacy

Mr Haugh opened by introducing himself and his colleague, Jane Kelly and intimated that he would read a prepared statement and also that he had a pack with appendices and additional information.

The Chair sought advice from Mr Stewart, CLO about whether this additional information could be accepted or not. Mr Stewart said that the decision was with the Chair but if the pack were accepted everyone would need to be given time to read it. The Chair then informed Mr Haugh that the Committee would listen to the oral statement but would not allow consideration of the additional information contained in the pack.

Mr Haugh stated that the neighbourhood was previously defined by the Pharmacy Practices Committee on 30th April 2008, regarding the Apple Pharmacy application. There had not been any significant material change since this decision; therefore he agreed with this definition, that the neighbourhood was:

- North: the A811 trunk road (Lomond Road)
- East: the Leven River
• South: Place of Bonhill
• West: the A82 trunk road

Within this neighbourhood there were three pharmacies providing pharmaceutical care and a comprehensive range of services.

The reasons for the PPC’s decision were: they felt this was a distinct neighbourhood; the A811 trunk road was a physical boundary; the housing stock to the south of Place of Bonhill was markedly different to that to the north and marked the beginning of rurality; the A82 trunk road was a physical boundary as was the River Leven; within this area was the town of Alexandria where all residents went about their daily lives utilising all amenities and residents did not need to travel outwith the area to access any additional services.

He stated that this proposed neighbourhood would also benefit from the new Mitchell Way re-development which was planned for completion in March 2017. This would include a new LIDL food store along with a three storey development of both retail and residential units. Councillor Martin Rooney recently referred to this redevelopment as a bustling focal point for residents of Alexandria.

He then moved on to look at Sohail Healthcare's proposed neighbourhood. He stated that the statistics provided by Sohail Healthcare with regard to the population of the neighbourhood were incorrect. They had quoted a population of 13,054; this was the population of the locality of Alexandria according to the 2011 census. This locality included the village of Balloch and the town land of Haldane, both of which fell outwith the Applicant's neighbourhood. The actual population of the Applicant's neighbourhood was 8,217. There were two main reasons why he believed Sohail Healthcare's proposed neighbourhood to be unsuitable:

• The area to the north east of the Applicant's neighbourhood, which included Smith Crescent, was significantly closer to Well Pharmacy in Dalvait Road, Balloch, than to any other Pharmacy in the Alexandria area. Well Pharmacy was only 570m from Smith Crescent whereas the Applicant’s proposed site was 1,730m from this area (walking distances). His mother in law lived in this area and she primarily used the services in the Balloch area, not in Alexandria, on a daily basis.

• The area to the south of the Applicant's neighbourhood, which included New Cardale Road, was significantly closer to Marchbanks Pharmacy in Main Street, Renton, than to any other Pharmacy in the Alexandria area. Marchbanks Pharmacy was only 370m from New Cordale Road whereas the Applicant’s proposed site was 2,150m from this area. The area to the south of Place of Bonhill was primarily serviced by the Renton area.

He then turned to the existing pharmacy services and stated there was a much lower than average population per pharmacy in Alexandria. There were 3 Pharmacy contracts in
Alexandria. The population of the neighbourhood as listed in the 2011 Census was 7,111 which equated to roughly one pharmacy per 2,370 people. If Sohail Healthcare’s application was approved, this would equate to one pharmacy per 1,778 people. The population of Greater Glasgow and Clyde Health Board was currently 1,137,930 (figures supplied by the Health Board); with 292 contractors now operating across the Health Board, this equates to one pharmacy per 3,897 people, significantly higher than the current Alexandria population per pharmacy figure and more than double the level if this contract were granted. This indicated that the neighbourhood was well provided for in terms of pharmacies in proportion to population. It was also worth noting that populations residing in the outlying areas of Balloch, Bonhill, Renton and Cardross were already catered for by 4 other pharmacies in the area, namely Well Pharmacy, Bonhill Pharmacy, Marchbanks and Cardross Pharmacy.

He contended that the statistics provided by Sohail Healthcare with regard to the number of people registered with a GP in Alexandria were incorrect. They have stated that there had been an increase of 54% since 2010. Their figures negate the existence of both Dr Hunter & Partners and Drs Macrae & Partners prior to their merger in April 2011 to create Oak View Medical Practice. In fact, the number of people registered with a GP in Alexandria had declined by 2.5% from January 2008 until January 2016, a decrease of 652 patients. This information would also confirm that the 2011 Census Data which he had used in his analysis was still relevant and in the past 5 years there had been little change to the population of the neighbourhood.

He said that existing pharmacies in Alexandria already offered the full range of available Health Board commissioned services, and additionally offered many more non-commissioned services, to the population of Alexandria and the surrounding area. The new Sohail Healthcare application did not propose to add any extra services to what was already on offer aside from supply of Nursing home advice. This was a service already being supplied to Sunningdale Retirement Home (outside of the neighbourhood) by Well Pharmacy and to Balquhidder House Care Home by Willis Pharmacy. Gordon’s too could certainly offer this service if there was an opportunity to do so. At present there was no requirement for this service and both care homes were happy with the service that they currently received.

Turning to Accessibility to Pharmaceutical Services he stated that a large proportion of the neighbourhood would use a car to access the town centre and to avail themselves of pharmaceutical services. Indeed 65.7% of people in the neighbourhood travelled to work using a car, the Scottish average is 62.4%. (Scottish Census 2011 - Alexandria Locality which also includes Balloch and Jamestown). In addition, parking in and around the town centre was better than in most towns across Scotland. There were 220 spaces which were free of charge in the car parks behind Gordon’s Chemists (45), Boots (73) and in Overton Street (102) in which the vast majority of people would park when accessing services in the town centre. All three of these car parks were rarely full. The parking around the proposed site in Hillview Place was poor in comparison. Many people who currently use
the businesses in Hillview Place park along the main road on both sides of the road which was dangerous, especially given that this was a main bus route.

He then went on to consider population projections for the area and said that by 2037 the population of West Dunbartonshire was projected to be 83,061 a decrease of 8.1 per cent compared to the population in 2012. The population of Scotland is projected to increase by 8.8 per cent over the same period. Despite the projections that the population will decrease by 8.1%, the total number of households in West Dunbartonshire was predicted to increase by 1% over the same period. Over the last 50 years, one-person households have gone from being the least prevalent, to the most prevalent household type, and large households have become less common. This explains why more houses were required whilst the population was also decreasing.

He said that all the Pharmacies in the neighbourhood offered a collection service for patients. This ensured that the patients who were ordering their repeat medication did not have to go to the Health Centre to collect their prescription; these were collected by the Pharmacy and made up in advance.

It was also important to note that neither Greater Glasgow and Clyde Health Board nor any of the objecting pharmacy contractors, had received a complaint regarding access to pharmaceutical services in Alexandria. There had also been no complaints regarding the access of pharmaceutical care outwith the core hours that are offered by the Pharmacy contractors in Alexandria, either on weekdays or on Sundays.

With regard to public transport, there was a regular bus service available across the neighbourhood into Alexandria town centre. The maximum wait for a bus between the hours of 9.00am and 6.00pm was 15 minutes.

Sohail Healthcare referred to the Scottish Index of Multiple Deprivation (SIMD) statistics within their application. One area that they referred to was Smith Crescent. This street falls within the most deprived DataZone in the Greater Alexandria area. However, analysis shows that 82.5% of properties in this DataZone fall outside the proposed Sohail Healthcare neighbourhood and all the properties within this DataZone fall outside the PPC 2008 neighbourhood.

Analysis of the SIMD usually focuses on the 15% most deprived DataZones in Scotland. The most recent SIMD statistics show that there was only one DataZone within the neighbourhood which was within the 15% most deprived. This has fallen from 2 DataZones in previous years. The average deprivation rating for the neighbourhood had also improved from 31% to 32% from 2009 to 2012.

He said that whilst the Applicant was proposing to open 4 hours every Sunday there had been no requirement for this. If the Health Board were to remove the funded rota and the existing pharmacists felt there was a need to open, they would do so. The evidence that they had confirmed that only a small number of items were dispensed or P medicines
purchased during this rota period. There was no need for anything beyond the hour which was already in place.

Regarding the need for translation services, he said that the percentage of people who did not speak English in the neighbourhood was 0.1%, compared to 0.2% in Scotland. Therefore there was no requirement for a bilingual Pharmacist in the neighbourhood. The Health Board also had a dedicated interpreting service which eliminated the risk of information being mistranslated. The Health Board Interpreting Policy stated that only professional interpreters should be used in a health appointment or intervention.

He then referred to the Consultation Analysis Report which was an amendment to the Regulations which was introduced in June 2014 in respect of applications to join a Health Board's Pharmaceutical List.

He noted that there were 60 electronic questionnaires received during the consultation period. Of these 60 responses, 49 were in favour of the application. The population of the neighbourhood, as already outlined was 7,111 whilst the number of patients registered with a GP in Alexandria was 25,764. He had asked Matt Kennedy, a Principal Planning Consultant to provide his professional opinion on the CAR. He had said that the normal standard used was the 95% confidence level which gave an accuracy figure of 5% either way for each result. This required a survey size of 370 respondents for a survey size of 10,000. The survey size barely changes between 10,000 and 100,000 going up to 385. For a potential sample size of 25,000 a survey number of 373 respondents should suffice. In this case a survey size of 60, in a patient population of either 7,111 or 25,764, was too small, was not statistically significant or representative of either the population or the patients and gave little confidence in its results. Matt also stated that the survey is 310 respondents short; it was therefore statistically flawed, unrepresentative and could be given little, if any, weight in decision making. He also noted that online surveys were also particularly unrepresentative in that respondents were self-selecting i.e. they opted to fill it out rather than being asked to answer questions. Therefore there may also be an argument of bias.

In summary, Mr Haugh said that the main issue for the PPC to consider was whether the current provision of NHS pharmaceutical services in the neighbourhood was adequate and if not, whether the proposed services were necessary or desirable to secure adequate services. The Applicant had been unable to prove that the service provision within the neighbourhood was inadequate. Indeed he had shown that the three pharmacies in the neighbourhood were providing a comprehensive list of core, commissioned and non-commissioned services to all the residents within the neighbourhood. None of the services were at their saturation point and all pharmacies within the neighbourhood had capacity to increase their service provision if required.

He noted that the neighbourhood was one of the most contentious topics in a PPC hearing. Only a compelling argument should lead to a change in the neighbourhood previously defined by the PPC in 2008 as:
• North: the A811 trunk road (Lomond Road)
• East: the Leven River
• South: Place of Bonhill
• West: the A82 trunk road

He said that the statistics provided by Sohail Healthcare with regard to the number of people registered with a GP in Alexandria were incorrect. The number of people registered with a GP in Alexandria had declined by 2.5% from January 2008 until January 2016. This was representative of the neighbourhood and corroborated by the population projections, in which, from 2012 until 2037 the population of West Dunbartonshire was projected to decrease by 8.1%.

Parking in and around the town centre was very good whilst parking at the proposed site was poor in comparison.

Also the most recent SIMD statistics showed that there was only one DataZone within the neighbourhood which was within the 15% most deprived. This had fallen from two DataZones in previous years. The average deprivation rating for the neighbourhood had also improved from 31% to 32% from 2009 to 2012.

The percentage of people who did not speak English in the neighbourhood was 0.1%, compared to 0.2% in Scotland. Therefore there was no requirement for a bilingual Pharmacist in the neighbourhood.

The Consultation Analysis Report, when analysed by a Principal Planning Consultant, was found to be statistically flawed, unrepresentative and biased and should be given little or no weight.

Finally, given the information provided, Mr Haugh believed he had shown the lack of any evidence to support the existence of an inadequacy of services provision in the neighbourhood. Furthermore, he shown the proposed services were neither necessary, nor desirable to secure adequate provision.

*This concluded Mr Haugh’s presentation*

**The Applicant Questioned Mr Haugh**

Ms Sohail asked if Mr Haugh was aware whether the GG&C Pharmacy Practice Sub-Committee agreed with the 2008 boundaries. Mr Haugh replied that they did and he saw no relevant change since then.

Ms Sohail asked if he agreed that there had been an increase in deprivation. Mr Haugh replied that he did not. There was now only one DataZone in the most deprived category and that had improved since 2008. He further stated that he had used the same SIMD information as the
Applicant, based on the 11 Datazones in the neighbourhood. In 2009 average deprivation was 31% and in 2012 it was 32%, so the neighbourhood was becoming less deprived. Furthermore, in 2009, there were 2 areas in the most deprived 15% in Scotland and now there was only one in that category.

In response to a question as to whether his pharmacy was closer to the proposed neighbourhood than the proposed new pharmacy, he stated that the proposed new pharmacy would be closer.

Ms Sohail asked if he had used a statistician to examine the CAR and Mr Haugh replied that he had used a Principal Planning Consultant.

When asked if he had included the transient population in his calculations, Mr Haugh said that he had used the census as he did not believe there was much transient population; people would pass through to go to Loch Lomond. The neighbourhood was well defined and looked after its own interests.

The Applicant had no further questions.

The Other Interested Parties Questioned Mr Haugh

None of the other Interested Parties had questions.

The Committee Questioned Mr Haugh

Dr Johnson asked about Gordon Pharmacy’s relationship with the GP practices in the area. Mr Haugh replied that he dealt with all the practices and picked up prescriptions twice a day for patients who were not mobile or for repeat prescriptions. This saved patients waiting when they came in to get their medicines.

Mr Daniels asked if there was a delivery service in addition to the collection service. Mr Haugh replied that home delivery was offered to any patient and they delivered all over and out with the neighbourhood.

Mr Daniels then asked what capacity the pharmacy was working at and Mr Haugh replied that there was no pressure and if business increased they would increase the staff. Presently he had three days with double pharmacist cover, and that could be increased. In addition there were a number of dispensing assistants and technicians.

At this point that Applicant asked if she could ask another question, which the Chair permitted.

Ms Sohail asked if the pharmacists had time to spend with patients. Mr Haugh replied in the affirmative, pointing out that there were 2 pharmacists available on 3 days a week which was equated to 9 pharmacist days. If there were single cover there would be 6 pharmacist days. This level of cover gave time to deal with patients requiring both core and non-core services.
Regarding the number of prescriptions dispensed, Mr Haugh indicated that she should divide Gordon’s figure by 1.5 as there was more than one pharmacist. He also confirmed that Gordon’s had received no complaints about their service or waiting times and that they had not undertaken any customer satisfaction surveys.

*The Committee resumed their questioning.*

**Mrs Anderton** asked about their experiences of methadone treatment and what Gordon’s knew about the trends. Mr Haugh, after a discussion with Ms Kelly, stated that the trend in prescribing was decreasing and they were seeing fewer patients. He also noted that more patients were being given their medication either 3 times a week or weekly. Far fewer were coming for daily treatment. He believed this was true for all pharmacies and not just those in Alexandria.

Mrs Anderton asked if these patients had appointments or just dropped in. Mr Haugh said that they were advised to come in between 0930 and 1700 and to avoid lunch time. There were no restrictions on the number of patients treated; indeed they had an Edinburgh pharmacy with 65 such patients. He pointed out that they used technology to decrease the length of time any patient had to wait.

*There were no further questions from the Committee.*

**Mr Irvine was invited to present the case on behalf of Bonhill Pharmacy.**

Mr Irvine introduced himself as the 50% owner of Bonhill Pharmacy and said that he had worked in the area for 11 years.

Mr Irvine turned to the legal test first where the regulations stated that a new pharmacy contract could only be granted if the Board was satisfied that the granting of such was required to secure adequate provision of pharmaceutical services to the neighbourhood. The Applicant must prove that current provision is inadequate. He noted that the he Applicant claimed this inadequacy arose from claims of: increased population; the level of deprivation in the area; inadequate access to pharmaceutical services; a need for a bilingual pharmacist; a need for extended hours opening.

He stated that he would demonstrate to the Committee that none of these provided evidence of inadequacy. He would also address inaccuracies in the core pharmacy services the Applicant claimed they will provide and make comment on the local and additional services the Applicant claimed they will provide which were not contracted pharmaceutical services. He would also address the comment regarding an elderly population and nursing home provision and finally the statement regarding difficulty in obtaining harm reduction services in the neighbourhood.

Mr Irvine said that one could not look at adequacy without defining the neighbourhood. He defined the neighbourhood as Alexandria with the Western boundary along the A82 north to the roundabout. Then down the A811 to form the northern boundary. Then following the river Leven to form the eastern boundary. With the southern boundary being the place of Bonhill to meet the
A82 trunk road. He stated that this was the neighbourhood defined by the PPC in 2008.

He noted that this neighbourhood had a population of 7111 (census 2011). There were three pharmacies providing pharmaceutical services within this neighbourhood. The Health Board average per pharmacy is 3897 residents. The average in this neighbourhood was 237; so well below average.

He said that he had defined the neighbourhood as this, as it is generally known as Alexandria. Within this neighbourhood there were no boundaries meaning people whether on foot, public transport or car could easily travel about this neighbourhood. An example would be a secondary school pupil living in Burn Street, Levenvale, behind the proposed premises, would attend the Vale of Leven Academy having travelled past the existing pharmacy provision to get there. Also a resident of Muir street (behind the proposed premises) could easily travel to the community centre having travelled past the existing pharmacy provision to get there.

He continued to state that within the neighbourhood there were three pharmacies providing adequate pharmaceutical services. There were also three pharmacies on the periphery of this neighbourhood, providing pharmaceutical services to the neighbourhood. Cardross pharmacy also provided services to the neighbourhood.

Having dealt with the neighbourhood, Mr Irvine then looked at adequacy. He stated that the Applicant must prove inadequacy to this neighbourhood of core pharmaceutical services in order for a new contract to be granted.

Mr Irvine said that, as previously discussed, the population stated by the Applicant was 13054 from the 2011 Census. The actual population figure for the Applicant’s neighbourhood was 8217. The population of West Dunbartonshire was predicted to fall by 8.1% over the next 20 years.

He stated that the Applicant also suggested a 54% increase in patients registered with the doctors in Alexandria since 2010. This was a completely inaccurate claim by the Applicant. What the Applicant omitted was that Oakview Medical Practice was formed in 2010 by the merging of two practices Dr Macrae and Dr Hunter. So the Applicant had omitted the 9052 patients from the 2010 figure that were always there. The actual figures were 2010 - 26248 patients, and 2016-25764 patients; a reduction of 484 patients. So there was no increase in population and therefore no evidence of inadequacy.

Mr Irvine then examined the level of deprivation. He reminded the committee that the PPC heard an application for 10 Hillview place on 10 April 2008. At that time it was decided that pharmaceutical services to Alexandria were adequate. Since then the area had become less deprived. In 2009 the SIMD showed two DataZones in the 15% category. The most recent figures showed only one data zone in the 15% deprivation category. Overall the area had gone from 31% deprivation in 2009 to 32% deprivation in 2012. These figures showing the area had improved. So there was no increase in deprivation leading to no evidence of inadequacy.
Regarding inadequate access to pharmaceutical services, Mr Irvine first mentioned the letter of support from Balloch and Haldane Community Council, which he did not think was in the neighbourhood. However he noted that there was no active Alexandria Community Council. He also thought that the letter showed the Community Council did not understand the regulations as convenience was not part of the legal test. He also noted that extended opening hours were not evidence of inadequacy.

He referred to the Applicant’s submission with respect to access to pharmaceutical services where it was claimed that the CAR supported inadequacy. He said that this did not as the CAR report was not statistically significant. He said that this data has been looked at by two independent bodies. First by Matt Kennedy of MKA planning Ltd, Londonderry Ireland. He stated that for a survey of 10000 people the minimum number of respondents must be at least 370 for the survey to have any credibility whatsoever and it was in fact dangerous to use any of this survey in the decision making process. Second by Strathclyde University where the CAR report data was looked at by Ian Towel, a lecturer in Pharmacy Practice at Strathclyde university. He corroborated the findings of MKA Planning Ltd that at least 370 responses were required. The CAR report was not statistically significant and no relevance should be placed on it in any way. The CAR would need another 310 responses for it to be relevant in any way.

Mr Irvine also observed that out of a potential response number of around 25,000 (list size) only 42 people felt service provision was inadequate. There was no evidence whatsoever of whom the 42 people were; anyone with access to the Internet could respond. Also it was not clear if any respondents understood the legal test and could comment on adequacy. The respondents may not be able to define neighbourhood.

He concluded that the CAR analysis was not statistically significant so again did not show any evidence of inadequacy.

Regarding the need for a bilingual pharmacist, this point was considered by the PPC on 20 September 2012 for the application for 59 Cambridge Street and on 20 April 2012 for the application for 80 Ballater Street. In both of these applications the PPC decided that this was not evidence of inadequacy. He pointed out that Greater Glasgow and Clyde Health Board had an Interpreting Policy which was approved on 26th March 2012. This policy stated in section 4 that “Only professional interpreters should be used in a health appointment or intervention”. All community pharmacies could access the formal Health Board interpretation service. This policy was in place to ensure the accuracy and quality of any language interpretation made when providing contracted services on behalf of the Health Board. Also on looking at population data, he noted that 99.9% of residents of the neighbourhood stated that they spoke English. This meant that if we say the population is 10,000.... 10 people don't speak English.

As the Board had an Interpretation Policy in place this perceived need was not required and again was not evidence of inadequacy.

Mr Irvine then addressed the question of opening hours and stated that once again this was not evidence of inadequacy. Greater Glasgow and Clyde Health Board operated a model hours
scheme. This meant that pharmacies shall be open Monday to Saturday from 9 am to 5.30 pm. There was the allowance of two day closures from 1pm with one of those days being a Saturday. Also it was accepted that pharmacies could close for one hour each day for lunch. Where there was an identified need for additional hours, there was a set procedure in place. This procedure was formal and it covered late nights, Sundays and public holidays. The procedure was that, after consultation with the Area Pharmaceutical Committee, if opening outwith model hours was considered necessary to secure adequate provision, the Health Board should go to the existing contractors and put a rota service in place. This policy was put in place by the Health Board to ensure adequate provision of pharmaceutical services to the neighbourhood. He pointed out that there was a Sunday rota in the area. He said that extended opening hours were not evidence of inadequacy of provision of pharmaceutical services and pointed out that the APC did not support this.

Mr Irvine then addressed other points made in the application as follows:

Core Pharmacy Services
- Free nicotine replacement service where he pointed out that no-one charged for this
- The supply of vaccinations was not a core pharmacy service
- The addressing of sexually transmitted disease was relevant to public health but it was not a core pharmacy service
- Optometry referral was not a core pharmacy service
- The supply of healthy start vitamins was not a core pharmacy service

Local and Additional Services

The services listed here were not contractual core services and were not relevant in assessing the adequacy of pharmaceutical provision. For example podiatry clinics and needle exchange services were not part of the legal test.

Elderly Population and Nursing Home Services

He pointed out that Prescription for Excellence was a vision plan by the Scottish Government. Contained in it, was the recognition that the Scottish population was ageing and that the percentage of people over 75 years old will increase by 25% over the next ten years. The vision was designed in part to address this. At no point did Prescription for Excellence suggest the awarding of new pharmacy contracts would address this.

The Applicant stated there were no pharmacies in the neighbourhood providing advice to residential homes. This was because the process to supply care homes can be equated to a tendering process. It was not a requirement that care homes obtain pharmaceutical services from a pharmacy in the same neighbourhood.

Lack of Availability of Harm Reduction Spaces
Mr Irvine said that the Applicant also claimed that there was a lack of access to harm reduction services in the neighbourhood. This was not true as having contacted all contractors in the neighbourhood and those providing services to the neighbourhood they all had availability to provide the service. Also Isabel Stothard, Addictions Nurse of Leven Addiction Services was asked if there were ever any difficulties in obtaining spaces for service users in Alexandria to which she replied NO. He also pointed out that the number of methadone patients was reasonably static.

He said that the Applicant also claimed that a patient wishing to access harm reduction services and living in Smith Crescent would have to travel a round trip of 3.6 miles to Boots in Alexandria Main Street to access services. Once again this was incorrect. The patient could access services at the Well Pharmacy in Dalvait Road - a round trip of 0.7 miles. This illustrated that, as well as the pharmacies within the neighbourhood; there were pharmacies on the periphery of the neighbourhood providing pharmaceutical services.

To conclude, Mr Irvine stated that there was no evidence of inadequacy for the following reasons:

- The population had reduced rather than increased
- SIMD data showed that the deprivation had reduced
- The CAR was not statistically significant
- Health Board policy dictated the use of its approved translation service
- If there was a need for extended opening then the Health Board had a duty to put a service rota in place
- A contractor was only obliged to provide the core pharmaceutical services in the contract. Any other services were not relevant to the legal test.
- Prescription for Excellence was a Government vision to help address the ageing population
- There was no lack of access to harm reduction services in the neighbourhood

He concluded by stating that the services were adequate and the application should therefore be turned down.

**The Applicant Questioned Mr Irvine**

Ms Sohail asked if people knew how to complain to the Health Board and whether this was advertised in his pharmacy. Mr Irvine replied that if people wanted to complain, they would find out and information about the complaints procedure was available in the pharmacy but not advertised as such.

When asked if he had asked permission for the CAR to be sent to external sources, Mr Irvine replied that he had not but that it was a publically available document.

*Mr Stewart, from CLO, confirmed that no permission was needed.*
Ms Sohail asked if Mr Irvine thought services should be provided to care homes and why he did not provide this. Mr Irvine said that pharmaceutical services should be provided to care homes. It was up to individual pharmacists to decide whether they wished to do; some thought this advantageous and some did not.

Ms Sohail referred to the 3.6 mile round trip to access harm reduction services which Mr Irvine had mentioned and asked if he agreed that the patient would have to travel outwith the boundaries for the neighbourhood. Mr Irvine replied that that would be the case in the neighbourhood, as defined by Ms Sohail but not with that defined by the PPC in 2008.

Ms Sohail asked if Mr Irvine agreed with the neighbourhood outlined in the Pharmaceutical CP Sub Committee's letter. Mr Irvine replied that the neighbourhood he agreed with was that contained in the PPC decision in 2008 and pointed out that these were different committees.

Ms Sohail then asked about waiting times and complaints in Bonhill Pharmacy. Mr Irvine said that waiting times were about 5 minutes and they had received no complaints. He confirmed that he had not carried out a customer satisfaction survey but if there were complaints he would know about these and address them. In fact in eleven years, he had only dealt with one complaint.

She then asked how Mr Irvine felt about the Sunday rota and he stated that it was part of the contracted service and he had to participate in this.

Ms Sohail asked if Mr Irvine was disregarding the CAR completely. He said that the survey was not statistically significant but would show opinions although he thought that the way it was generated was questionable.

The Chair asked Mr Stewart if he could offer an opinion on statistical significance. Mr Stewart replied that the PPC needed to form their own view but there was a statutory obligation to have regard to the CAR. What a PPC took from the survey results of any application was wholly within their purview and it could be that they gave more or less weight to it depending on the number of responses.

Ms Sohail asked for Mr Irvine's reaction to the practice manager's statement about better relationships with and extended opening hours for pharmacies. Mr Irvine replied that if the practice manager felt a need for extended hours, he should go through the normal process. He disagreed that there was anything wrong with the relationship with the practices as he was part of the locality group and had excellent relationships with the doctors and they were piloting enhanced services for GG&C.

The Applicant had no further questions.

The Interested Parties Questioned Mr Irvine
The other Interested Parties had no questions.

**The PPC Questioned the Mr Irvine**

Dr Johnson asked Mr Irvine to clarify his evening opening times and Sunday times. He replied that his latest opening was 6 pm Monday to Friday and that on a Sunday he opened between 1.30 pm and 2.30 pm as agreed in the rota. This had been moved from 11 am to 12 noon following feedback from patients.

Mr Roberts asked how many methadone patients he had to which Mr Irvine replied that there were currently four.

Mr Roberts noted that Bonhill pharmacy was out with the area and asked why he had objected. Mr Irvine replied that he provided services to the neighbourhood.

*The Committee had no further questions for Mr Irvine.*

**Mr Aslam was invited to present the case on behalf of Marchbanks Pharmacy.**

Mr Aslam stated that he had nothing to say which had not been covered in the previous two submissions.

**The Applicant questioned Mr Aslam**

Ms Sohail asked if his pharmacy had designated parking as his premises were on a main road. He said the premises were attached to the health centre and people could park at the back where there was ample parking.

*The Applicant had no further questions.*

*The Interested Parties had no questions.*

*The Committee had no questions.*

**Ms Griffiths-Mbarek was invited to present the case on behalf of Well Pharmacy**

Ms Griffiths-Mbarek stated that most areas had already been covered but she had a few points which she wished to make. These were:

- Well Pharmacy had recently been rated “Good” in a GPHC review
- When the new health centre was being built she had enquired and expressed interest in providing pharmacy services within the centre. She had been informed that the Health Board would not support this as there was no need for additional pharmacy provision.
- They had a mystery shopper who looked at the level of customer service and had a 95% satisfaction rating – the Company standard being 90%
- As they had 20-30 methadone patients in the branch, they used a “MethaMeasure” which
allowed automatic dispensing to the service user. This increased the capacity in the store and they were nowhere near maximum levels at present.

- Well Pharmacy also provided care home and hospice services where, as the patients were not mobile, the pharmacist visited to provide the service. This service was not neighbourhood restricted
- They were about to invest in the premises as the Post Office was leaving and the shop would be refitted to improve the provision of pharmaceutical services.
- Finally she had submitted a FOI request in relation to GP practices and where items were being dispensed. In total 6 pharmacies (3 in the neighbourhood and 3 directly on the edge) dispensed 85% of the prescriptions issued in the area. There remainder were dispensed by 41 other pharmacies throughout Scotland. This showed that pharmacy provision was not limited to the neighbourhood of origin.

The Applicant questioned Ms Griffiths-Mbarek

Ms Sohail asked when Well Pharmacy’s last GP prescription collection time was. Ms Griffiths-Mbarek replied that they would collect at any time and if it was urgent they would go to fetch it.

The Applicant had no further questions.
The Interested Parties had no questions.

The Committee Questioned Ms Griffiths-Mbarek

Mr Daniels asked about the capacity levels at Well Pharmacy and Ms Griffiths-Mbarek replied that there was lots of spare capacity and scope to expand. As mentioned they were looking to invest in the premises to make more space and also to employ more pharmacy staff.

The Committee had no further questions.

It was noted that Ms Hollywood from the Community Council had no statement to make and there were no questions put to her.

Statement from Mr Tait of Boots UK Ltd

Mrs Glen read out the following statement:

“Neighbourhood
Given the history of applications at this site we see no reason for the neighbourhood in question to have altered since its last consideration. There has been little or no change in the neighbourhood since that last application and if anything the residential population of the area has decreased.

Provision
The neighbourhood is served by three pharmacies within the neighbourhood and three
immediately outside the neighbourhood in, Balloch, Bonhill and Renton. All the current pharmacies in question provide a full and comprehensive range of services under the available schemes in Greater Glasgow and Clyde NHS. There is no indication of any service provision not currently freely available to the population being made or even improved by this application. There is also no indication of any failing in the quality of provision from any of the current pharmacies with no customer complaints, to the best of our knowledge in recent years.

Access to the current services is good with free readily available parking and a comprehensive bus service network in the area. There is also good access on foot for pedestrians with level walking in most areas and well maintained pathways.

**Conclusion**

We believe this application to be speculative based on its comparative closeness to the location of the Vale of Leven complex and as such is a crude attempt to instigate a pharmacy as near to GPs as possible without any real consideration of the needs of the public.

There is no evidence of inadequacy of pharmaceutical provision in this neighbourhood and there is no indication of any imminent changes that would result in that simple fact changing.

For that reason this application must fail as being neither necessary nor desirable to secure adequate pharmaceutical provision in the neighbourhood in question.”

**Summing Up**

The Chair invited the Interested Parties to make their summaries.

Mr Haugh said that the main issue was whether the current provision in the neighbourhood was adequate and if not whether the proposed new pharmacy was either necessary or desirable. In his view the Applicant was unable to prove inadequacy. Indeed three pharmacies in the neighbourhood provided core, commissioned and additional services. They were not at saturation point and all were able to increase capacity if required.

The neighbourhood should be that which was defined in 2008, namely

- North: the A811 trunk road (Lomond Road)
- East: the Leven River
- South: Place of Bonhill
- West: the A82 trunk road

The GP patient numbers were incorrect and had actually decreased which was in keeping with projections. Only one data zone was in the SIMD 15% most deprived and the situation was improving.

As far as non English speakers were concerned there was no requirement for staff to be bi- or
multi lingual and the Health Board had an Interpreting Policy which should be followed.

The CAR had been analysed and was flawed, unrepresentative and possibly biased. The Committee could look at the opinions but should give no weight to the numbers.

In conclusion there was no evidence of inadequate service provision and the proposed new pharmacy was neither necessary nor desirable. The application should be rejected.

Mr Irvine said that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

Mr Aslam also said that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

Ms Griffiths-Mbarek echoed the above comments in that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

The Applicant was then invited to put her Summary

Ms Sohail began by thanking the Committee for their consideration and urged them not to dismiss the CAR as it had been done in partnership and, indeed, had to be done as part of the process. She asked that they study the comments carefully.

These comments clearly showed that the community wanted longer opening times so that they could have prescriptions filled after the GP surgery’s last appointment. She also asked that they consider the Sunday opening proposals as the area had a lot of tourist traffic who need more than a one hour slot to access services.

The Chair checked that all parties believed that they had received a full and fair hearing and received their individual confirmation. He thanked all contributors and advised that the Committee was now going into closed session. The Applicant and Interested Parties were reminded that if further legal or regulatory advice was required then this was to be provided in open session and all would be invited back into the meeting. It was in their interest to remain in the building until this was determined.

The Chair advised all parties that the Committee’s decision would be relayed to the Board within 10 working days. After which the decision would be formally relayed to the Applicant and Interested Parties within 5 working days. These timescales were consistent with the Regulations. Thereafter, there would be 21 days within which appeals could be lodged against the PPC’s decision (full details of how to do this would be included in the formal written notification of the decision).

At this juncture the Applicant, Interested Parties, Mrs Glen, Ms Riddoch and Mr Stewart left the meeting.
The PPC were required and did take into account all relevant factors concerning the issue of:-

a) Neighbourhood;

b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application were necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the Applicants' premises, namely:
   
   Bonhill Pharmacy
   Boots UK Ltd
   Cardross Pharmacy
   Central Pharmacies (UK) Ltd
   G& R Gordon Ltd
   Well Pharmacy
   
   all of whom had made representations to the Committee.

b) The Greater Glasgow & Clyde Area Medical Committee had made representation.

c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee had made representation.

d) NHS Highland (their boundary being within 2km of the Applicant's proposed premises) had made representation.

e) Balloch & Haldane Community Council who had made representation to the Committee

The Committee also considered:-

e) The location of the nearest existing pharmaceutical services;

f) The location of the nearest existing medical services;

g) Information from West Dunbartonshire Council's Planning and Building Standards Services advising of the known future developments within the area of the proposed premises.

h) Population/Census 2011 information relating to the postcode areas surrounding the Applicant's proposed premises.
i) Patterns of public transport in the area surrounding the Applicant’s proposed premises;

j) Information regarding the number of prescription items dispensed during the past 12 months and Quarterly Information for the Minor Ailment Service activity undertaken by pharmacies within the consultation zone;

k) Complaints received by the Health Board regarding services in the area;

l) Applications considered previously by the PPC for premises within the vicinity;

m) Consultation Analysis Report (CAR)

n) The Board’s Pharmaceutical Care Services Plan

**DECISION PROCESS**

Having considered the evidence presented to it by the Applicant, the Interested Parties, and the PPC’s observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located. 

The Committee considered that the neighbourhood should be defined as follows:

- To the West - A82 as this was a major trunk road which formed a physical boundary
- To the North - A811 which was a major road which again formed a physical boundary
- To the East – River Leven which was a natural boundary with small number of crossings
- To the South – The Place of Bonhill in a line projected over to the A82 as this marked the beginning of a change in the housing stock and marked the beginning of a more rural area

This was the area which had been defined in the previous PPC decision in 2008 and also encompassed the whole of Alexandria.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having defined the neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined there were three pharmacies providing all core services and a range of non-core services with a further three pharmacies on the periphery, none of which were operating at capacity.
The Applicant had stated that the population was increasing while both the written information (on population statistics and GP practice numbers) and the oral presentations from the Interested Parties had evidenced that the population was decreasing. Ms Sohail had also given the high level of deprivation as a reason for the need for another pharmacy. The Committee noted that although there was a higher level of deprivation than the average the evidence was that this situation had improved and continued to do. The Committee did not consider that the access to the existing pharmacies was a problem; all were easily accessible on foot, by car or by public transport and opened the hours required of them under the Health Board’s model hours contract and covered Sundays on an agreed rota basis.

In considering the comments received during the consultation process, the Committee took account of the distinction between convenience and adequacy. The comments in the CAR were mainly related to desirability and convenience rather than adequacy of the existing service.

The case for multi-lingual staff was not made as there were not a significant number of patients requiring this service and any translator must be registered and appointed through the Health Board who provided an interpreting service.

In conclusion, the Committee considered this existing network provided comprehensive service provision to the neighbourhood and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways either by foot, public transport or car. The existing pharmaceutical services were therefore adequate.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Dr Johnson, Mr MacIntyre and Mr Fergusson left the room during the decision process.

DECISION

Taking into account all of the information available, and for reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood and the level of service provided by those contractors to the neighbourhood, was currently adequate.

It was the unanimous decision of the PPC that the application be refused.